



2012 Camp Registration
Spring Camp: April 23 - 25, 2012

Please return this completed registration form with a nonrefundable \$50 deposit to:

The Willowell Foundation, 11 Main St., Vergennes, VT 05491

For specific camp questions, contact Julia Martin, julmartin6@gmail.com, (609) 933-0877.

Camper Information

Name: _____ Birth date: _____ Sex: M
Nickname: _____ F

Camper Address and Parent/Guardian Information

Name(s): _____
Relationship(s): _____
Address: _____

Phones: Home _____ Work _____ Cell _____
Email: _____

Additional Emergency contacts:

Name: _____ Phone(s): _____
Name: _____ Phone(s): _____

How did you learn about Willowell Summer camps? _____

Please keep me up to date on Willowell events and programs!!

Questions

What is the participant excited about in relation to the camp?

Are there any concerns/fears on the part of the participant or parent in relation to the camps?

Other? _____

Medical Information

Medical history: Please list allergies, physical limitation(s) and special considerations:

Dietary Restrictions: _____

Doctor's name and telephone: _____

Medications: _____

Insurance Carrier: _____

Policy Number: _____

Payment

- Included is a \$50 nonrefundable deposit. (Required)**
- Included is the full tuition of \$150.00.
- Included is the family rate (more than one camper enrolled) of \$125.00 per child.
- I would like information about reduced rates due to financial hardship.

Checks payable to Willowell Foundation. Full tuition is due two weeks before the start of the camp.

Parent/Guardian Agreement

Medical Waiver

The camper's parent/legal guardian warrants that the camper is physically fit and able to participate in the camp activities, and consents to any employee, agent, or other personnel affiliated with Willowell to seek medical attention and treatment or other measures deemed necessary or advisable in the discretion or judgment of Willowell personnel for the above-named camper in the event of an accident, sudden illness, or other condition that occurs while the above-named camper is in the care or under the supervision of Willowell. The parent/legal guardian further understands that Willowell will make reasonable efforts to notify the parent/legal guardian or another parent of the camper in the case of an accident, sudden illness or other condition, but authorizes Willowell Personnel to seek such care or treatment, and for any care or treatment to be administered, even in the event that either parent or legal guardian are not contacted prior to the seeking or rendering of such, care, treatment, or other measures.

Liability Waiver

I understand that camp takes place in outdoor terrain in rustic conditions, rain or shine, excepting inclement or dangerous weather. This could include potentially hazardous activities, such as hiking, fire building, running, playing with foam swords, cooking over a fire, etc.

Knife carving will not be an official activity at camp. However, we will teach basic knife safety to all campers and allow those campers who have parental permission, to carve in their own space during free time. Campers must have a parental signature and parents must provide child with their own knife and a thick leather glove for their non-carving hand. (This would be their Left hand if they are Right handed.)

I/we wish to have our camper learn safe knife skills and will provide a knife and glove

The parent/legal guardian agrees to hold harmless the Willowell Foundation and all associated personnel, from any claims, damages, losses and/or expenses arising out of participation in camp activities and to assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs as a result of participation in such camp activities. The parent/legal guardian also warrants that participation in this camp is voluntary and that the camper and the parent/legal guardian understand the inherent risks involved in camp activities, and the camper agrees to obey all rules and policies mandated by camp personnel.

I/we hereby allow Willowell to use photographs, audio and/or video of my child for promotional materials.

Parents'/Guardians' Signature(s)

_____ Date: _____

_____ Date: _____

Please return this document completed and signed with \$50 deposit to:

Willowell Foundation
11 Main St.
Vergennes, VT 05491